



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address:	MFDR Tracking #: M4-11-3933-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #: DALLAS NATIONAL INSURANCE CO Box #: 20	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The Requestor did not include a position statement with the request for medical fee dispute resolution.

Amount in Dispute: \$183.31

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Dallas National does not have any record of receiving the RX reimbursement request for [injured employee]. I have gone through the request at this time and I do feel that the request is valid for reimbursement. Please be advised that Dallas National has issued a payment for \$183.31 to [injured employee]. A copy of the check is enclosed for your records."

Response Submitted by: Dallas National Insurance Co., 5501 LBJ Freeway, Ste. 1200, Dallas, TX 75240

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
09/18/08, 10/14/08, 11/11/08, 12/08/08, 01/05/09, 02/06/09, 03/16/09, 04/13/09, 05/19/09, 06/08/09, 06/28/09, 08/13/10, 09/17/09, 11/12/10, 12/11/10, 01/11/11, 06/29/11	Out-Of-Pocket expenses for Prescription Medications	N/A	\$183.31	\$0.00
Total Due:				\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to submit workers' compensation medical bills for reimbursement to the insurance carrier.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
 - Neither party submitted EOBs for the disputed dates of service.

Issues

1. Out-Of-Pocket expenses paid by the injured worker for prescription medications not reimbursed by the insurance carrier.

Findings

1. The Carrier submitted a copy of check number 908520, dated August 5, 2011, showing payment in the amount of \$183.31 was issued to the injured employee.

Conclusion

In accordance with §133.307(e)(3)(A) the Division has determined that the injured employee was reimbursed for out-of-pocket expenses. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.